AZ Form (Rev. 10/2018) Case 2:15-mc/s/ha/ha/ha/ha/livDence of heagilth solution of the action of th				21839 Filed 03/01/21	Procedure use only due date:	
1. NAME				2. PHONE NUMBER	3. DATE	
4. FIRM NAME					l	
5. MAILING ADDRESS				6. CITY	7. STATE	8. ZIP CODE
9. CASE NUMBER 10. JUDGE			DATES OF	PROCEEDINGS		
				11.	12.	
13. CASE NAME				LOCATION C	OF PROCEEDINGS 15. STATE	
16. ORDER FOR APPEAL CRIMINAL NON-APPEAL CIVIL			CRIMINAL JUSTICE ACT IN FORMA PAUPERIS	BANKRUPTCY OTHER (Specify)		
17. TRANSCRIPT I	REQUESTED (Specify port	ion(s) and date	(s) of proceeding(s) for	which transcript is requested.)		
PO	ORTIONS]	DATE(S)	PORTION(S)		TE(S)
VOIR DIRE		====(=;		TESTIMONY (Specify)		
OPENING STATEMENT (Plaintiff)						
OPENING STATEMENT (Defendant)						
CLOSING ARGUMENT (Plaintiff)				PRE-TRIAL PROCEEDING		
CLOSING AR	GUMENT (Defendant)					
OPINION OF	COURT					
JURY INSTRU				OTHER (Specify)		
SENTENCING						
BAIL HEARIN						
18. ORDER						
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS	
30 DAYS				PAPER COPY		
14 DAYS						
7 DAYS(expedited)				PDF (e-mail)		
3 DAYS				(/		
DAILY				ASCII (e-mail)		
HOURLY						
REALTIME				E-MAIL ADDRESS		
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				Nome of opposite to		VE PODMAT
19. SIGNATURE				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.		
20. DATE						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY	PHONE NUM	MBER
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		

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